a valid OMB control number.

DECLARATION FOR

Attorney Docket Number	GM1
First Named Inventor	Mastman
COMPLETE	IF KNOWN
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
COMPUTERIZE PORTFOLIOS	D METHOD AND	SYSTEM FOR	R FORMUI	LATING	STOCK			
the assertionation of which	(Title (of the Invention)						
the specification of which		•						
is attached hereto OR								
was filed on (MM/DD/	YYYY)	as Unite	ed States Applica	ation Number o	r PCT International			
Application Number	and was							
		amended on (MM/DD/Y)	, L.		(if applicable).			
I hereby state that I have revie amended by any amendment	specifically referred to above	itents of the above ident e.	tified specificatio	n, including the	daims, as			
I acknowledge the duty to disc	close information which is ma	aterial to patentability as	defined in Title ?	37 Code of Fed	leral Regulations			
§ 1.56.		•		1 0000	star regulations,			
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is								
Prior Foreign Application		Foreign Filing Date	e Priority	Certified C	Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO			
			00000	00000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below								
I hereby claim the benefit under			d States provisio	onal application	(s) listed below			
Application Number(s)	Filing Date (F	MM/DD/YYYY)			al application			
60/261,558	101	numbers are listed on a supplemental priority data shee PTO/SB/02B attached hereto.						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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United States information w	or PCT	International ap	plication	O of any United ansofar as the suin the manner pas defined in 37 e of this applicat	rovided by	the free	1 01 11	ie claims or	this app	licatio	n is not disclos	sed in the pri	
U.S. Parent Application or PCT Parent Number								Pa	Parent Patent Number				
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Additiona	1118 0	PCT internalia											
As a named in	ventor I	hereby appoint	the follow	ation numbers a	ire listed on	a supplei	menta	al priority data	a sheet F	PTO/S	B/02B attache	d hereto.	
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Nathan N. Kallman 19,405													
☐ Additional	registere	ed practitioner(s)	named	on supplement	Feetste			nformation sh	eet PTO	/SB/0:	2C attached he	reto	
Direct all correspondence to: Customer Number or Bar Code Label Customer Number or Bar Code Label													
Name		Nathan N. Kallman											
Address		20900 8	Saral	hills D	rive								
Address													
City		Saratoo	Saratoga			State		CA	ZIP	9	5070		
Country		USA		Telephon	e (40	8) 8	67-	-1520	Fax	(4	08) 86	7-9289	
punishable by f	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of So	le or F	irst Invento	r:			□ А ре	tition	has been	filed for	this (unsigned inve	entor	
Giv	en Nar	ne (first and m	iddle [if	anyl)		Family Name or Surgame							
Gary J /					Mastman								
Inventor's Signature		Barry J. Wastwas											
Residence: City Saratoga		State	CA	Count	ry	USA			Citizenship	USA			
Post Office Address 20777 Russell Ct.													
Post Office Ad	dress												
city Sara	toga		State	CA	ZIP	950	70		Count	ry	USA		
JAdditional in	ventor	s are being na	med on	the sunr	lemental	Additions	al In	ventor(s) sh	eet(c) F	TO'	CD/024 -4		